









Instruments Obstet.

ON THE

# Use and Abuse of the Uterine Speculum;

WITH SOME REMARKS ON THE UTERINE POLYPUS.

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THERE seems to have ever been on the part of some members of the medical profession a disposition to have a hobby; and also to hide behind the mystifications of some diseased action of some organ of the body, which, by general agreement, seems more prone to take upon itself a greater amount of obscure morbidity than others; let this peculiarity be either real or in the imagination of the doctor, to hide too often, sorry, am I to say, his entire ignorance of the diseased action in question. I do not wish for one moment to infer that our profession, in my eyes, is more blamable in this respect than others. No! I well know that it is a very hard matter, indeed, for one to say, "I don't know," when it is supposed from his position he knows or should know all about it; too few men are to be found with the requisite amount of moral courage to act thus; often, sorry am I to say, the more honest ones are kept from it by the knowledge of the fact, a lamentable one indeed, that some Æsculapian of great and wonderful powers sits watching ready to pounce upon the case, crying aloud his ability in the cure of such cases.

A few years since, in our Southern States, in the days of *Cookism*, the liver was the scape-goat, and had not only to bear its own sins, but likewise the sins of most of the "ills flesh is heir to." Malaria, indigestion, inflammations, heat, cold, wet and dry, it matters not which; nor was it of much importance whether the disease was in the head or in the foot, whether internal or external, the liver was torpid or the liver was inactive, and on the same principle of the toper's logic, whisky is good to heat and good to cool, calomel! calomel! was the



cry ; and by its abuse this inestimable medicinal agent was cried down, and mineral doctors set aside, and “ root and herb ” ones taken in their stead. Though this state of affairs, with the advancing of our profession towards a brighter and better day, is yielding, we yet find the fault existing. It is also a pleasing fact to learn, that the liver has of late days improved very much in its actions, as it does not now occupy the place of great fault doer.

The womb, in the female, like the liver in general, has ever been the scape-goat for diseases in a class of our patients, and of late days seems to be growing worse. I am willing to admit that we more frequently of late days find uterine affections among our patients than existed a few years back, owing to a greater amount of luxurious and sedentary living, the peculiar mode of dressing, and other causes, no doubt ; but yet this does not prevent the fact from obtaining, that it is abused, and that this organ has often to bear sins not of its own commission or omission. This, of late days, has with many of our medical profession, both in the cities and in the country, given another hobby for them to ride, and they ride it like a borrowed horse—rather too free.

Ulceration of the os uteri and also of the cervix of this organ, seems to have sprung into existence, as if by magic. Indeed, I have known some places where you could scarcely find a woman whose os uteri was not as well known to the eye of the medical man of the neighborhood as her face ; or, in the words of a patient of a medical friend of mine who had this mania, “ Dr., you will surely know by sight the mouth of my womb as well as you know your own child.” The Doctor had *speculumed* her too often for the good of the cause of medical science, bringing it into disrepute in the community in which he lived, causing those who really needed it to resist its use. We all remember the story, current a few years since, of the English doctor who had become deeply infected with the speculum mania, who, when an enraged father hastened down to Bath as fast as steam could carry him, for the purpose of chastising him for *speculuming* his young daughter, not only by the honeyed words of this medical Nestor, became satisfied of the need of it in his daughter’s case, but likewise convinced that he needed it, and forthwith was *speculated* on by the doctor for ulcers of the rectum. So goes the world.

It would seem that some Nemesis had determined in the distributing of her punishments to the daughters of Eve, to select the os and

cervix and body of the womb, yea, the entire concern, to be their terror, whose diseases, like the fabled Tityus, grew as fast as consumed ; and the dread of their medical attendant, if he be a conscientious man—for we all know of the difficulty of the cure of many uterine diseases—and the very fact of these organs being diseased, bring also a moral shock to the mind of the timid and modest woman ; and, as her medical advisers, we dread to have to resort to the examination of those parts, and it should never be done for slight and trivial causes. Now, I don't for one moment wish to be considered an old foggy in our profession—far from it. I use the speculum, and when needed, its services are invaluable ; in fact, not to be done away with in a scientific and thorough investigation and treatment of the vaginal tract, the cervix and os uteri. I only oppose the indiscriminate use of it, nay, I should say, abuse of it. Nor is it alone the fact of its free and uncalled-for use, but it becomes the means of irrational and improper treatment.

When the speculum is used, and the mouth of the womb exposed, too often it is the case, the porte-caustic is too freely handled, armed with the nit. argent., and where no inflammation did previously exist, it is now brought about. Every medical gentleman well posted up and conversant with the appearance of the os uteri in women who have frequently borne children, knows, that very often on the inner face of the ring or rim of the os, there are to be found slight enlargement and hardening of the mucous membrane of that part, sometimes only one, at others several of the little points may be seen, the result, no doubt in my mind, of the tearing and cicatrizing of the mucous membrane during and after labor.\* The speculum reveals these, and to one not conversant with them, when it has been used in a case where the urgency of the symptoms did not call for an investigation, the nit. argent. is used time and again, and in a few days we have inflammation of these parts. I have seen such cases more than once. This, with many other equally urgent reasons, has led me often to wish that there was some restriction placed upon its use. But why so, if man must have a hobby ?

The womb cannot, like Achilles, claim to be vulnerable at only one point, and greater the pity. While one has ulceration of the mouth and neck, another has prolapsus uteri. Let a woman complain of a

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\* Not to be mistaken for enlarged glands of Nabothi.



pain in the lumbar region, with a sense of weight in the hypogastric region, any part of it, and too often she is doomed by her medical adviser to a disagreeable and unnecessary course of treatment. The doctor seemingly has forgotten, that uterine engorgement may exist producing these symptoms, that a rheumatic condition of the womb may produce them, and that, that protean disease hysteria, may also do it, and yet the uterine globe remain *in situ*. This is too often the case, and though the maladies of this organ are better understood by the profession generally than they were a few years ago, yet grave errors do yet exist. The anatomical situation of the womb is known to all, but its relative position with other organs is not as well understood by many as it should be. If this was studied more, a correct knowledge of many cases of supposed prolapsus would be obtained, and a few doses of colchicum and iodide of potassium would relieve the uterine rheumatism, or leeching the cervix uteri, with a well directed general treatment, proper regimen and exercise would overcome the engorgement of this organ.

Hysteria has been called the protean disease; and it most assuredly richly deserves the appellation, for there seems scarcely a disease to which human flesh is heir to, that it may not and does so closely imitate, that the best of our profession are sometimes forced to bear the mortification of a false diagnosis and misdirected treatment. The study of this disease is a field richly abounding in the wonders and mysteries of the nervous action direct and reflexed; and will amply pay the student for his time and his study. Here, again, we have opened for us an avenue for the abuse of the speculum, and it is too often taken advantage of. There being many of the members of our profession who look upon hysteria as the direct consequences of an ulcerative process going on in some portion of the uterine neck, in at least the large majority of cases of hysteria. The speculum is used, and the glands of Nabothi being enlarged, are instantly cauterized or creosotized. Let those thus viewing and treating this disease, read that very readable book, Meigs's "Woman and her Disease," and learn from it. It certainly contains many facts of vital interest to the physician who expects to practise his profession among women; and in the treatment of hysteria he will learn from it to use the speculum less, to be not over anxious to say ulceration is the great cause of uterine action; but to direct a general treatment to a neuralgic or rheumatic diathesis, uterine engorgement, and general depravity of the assimilating function more.



I now come to make a few remarks upon uterine polypus; knowing that this disease is often mistaken for other diseases, especially for prolapsus uteri, and likewise knowing that it exists much oftener than many seem disposed to think, I, therefore, am led to pen the following lines.

The symptoms marking uterine polypus, are, in its earliest stages, very obscure; and although we may have no certain symptoms to base a positive diagnosis upon, we have yet many symptoms that may, by proper investigation lead us with very tolerable correctness to the opinion that our patient is laboring under uterine polypus. There is no part of mucous membrane but what is, to a certain extent, prone to the lesions necessary to form an extraneous growth, and it seems to me that there is no part of it that should be deemed more liable to this abnormal condition than that of the uterine cavity. For years subject to regular periods of a congested condition, a hyperæmia, so to speak, of all its vessels, and a super-excited condition of its nervous filaments, lasting for a greater or shorter length of time, is certainly prone, or rather more liable to an irregular action, and to the effects resulting from exposure and various other causes than any other portion of this tissue. Then, again, for months its vessels growing from the smallest to the greatest caliber, subject to frequent congestions and depletions, we may ask, is it not wonderful that lesions of secretion and nutrition, ending in hypertrophy or tumors, are not more frequently met with upon its surface? But Nature usually saves the parts called upon to undergo frequent and great changes, by her peculiarly wise and well adapted laws, though she sometimes fails, and then we have the various tumors, hypertrophies, etc.

As above said, the symptoms marking this peculiar diseased action of the lining membrane of the womb (for I hold that it is here that it springs into existence), the nervous filament that fails to supply the proper nerve force, and the improper quantity of blood sent there, not called for, it cannot be healthily consumed, or given out to surrounding parts, a tumor or hypertrophy results, and of a hidden character, and requires perhaps more tact to arrive at a fair starting point in its description than one would at the first blush presume. In the early stages of polypus of the womb, the tumor occupies the cavity of this organ, and is alone to be known by general symptoms. A woman complains of pains in the uterine regions, not very severe nor very frequent; but as the tumor grows, their frequency and force

increase, becoming now the cause of distention of the muscular walls of this organ. Many writers upon this subject tell us that the disease is early accompanied by a glairy discharge. This I believe doubtful, for I have seen several cases where it never presented itself. The symptoms of pain and weight go on increasing, and soon the patient becomes satisfied that she is laboring under an attack of prolapsus uteri. An examination per vaginam is made with the finger, and if the physician who makes it be not thoroughly conversant with the peculiar and relative position of this organ when *in situ*, and its varied position in different women, he becomes satisfied that prolapsus exists, and forthwith the woman is subjected to a treatment for this disease; if upon examination the patient complains of some tenderness upon pressure to the os and cervix uteri, the speculum is used, and bad is made worse by cauterizing an uninflamed womb until there is lit up an active inflammatory condition. In a short time after the first sensation of disturbance or pain has been felt, the next and by far the most important symptom presents itself. I allude to the flow of blood. It is perhaps an improper step to try to specify the period at which we may look for this symptom; but from a number of cases that I have been called upon to treat, I believe we may say it scarcely appears prior to six weeks after the first disturbance; generally about the second month we may feel certain that the hæmorrhage discharged proceeds from a tumor of this age, or that our patient has been laboring under it this long. I, as before said, have found that the patient would put the time of this discharge at about this period from the first symptoms of pain and weight. It is, however, true, that sometimes it is longer; as it is equally true that all tumors do not grow at equal speed.

This hæmorrhagic tendency varies in different individuals; in some it is profuse from the onset—in others slight at first, grows in quantity, with the growth of the tumor. This symptom most usually is sudden in its appearance, the blood gushing from the patient in rapid and profuse discharge, without any exertion on her part that might give it force. This symptom is not only irregular in the quantity discharged, but likewise varies much in its times of appearance; in some cases it is daily, in others it is not to be seen more than once in every three or four weeks. There is no such thing as placing any definite time for its appearance, the patient being liable to these hæmorrhages at any time and at any place, rendering her miserable



and uncomfortable. Another symptom to be well noted is, the condition of the bladder. When the tumor has passed from the uterine cavity, and occupies the upper portion of the vaginal tract, its pressure upon the bladder gives inconvenience. This inconvenience is, at first, a frequent desire to urinate, the bladder seeming to fill more rapidly than formerly, and requiring more frequent evacuation. At first the pressure of the tumor producing this symptom, does not interfere with the contractile powers of the neck of the bladder; but as it grows in size, and the general emaciation and enervation of the general powers of life and body goes on, we have incontinency of urine; the urine escaping with a gush, more especially when the woman rises suddenly from a reclining or sitting posture.

The debility and emaciation that ensue, result necessarily from the frequent and profuse loss of blood, sooner or later brings about hectic diseases. The patient suffers from pulmonary affections oftener than any other form of disease. If the patient is not seen until the tumor has left the uterine cavity, and is occupying the vagina, the touch reveals its presence, usually as a rounded and smooth body of different sizes. Sometimes, however, it is rough to the sense of touch, being covered with elevations and depressions upon its external surface. If the finger is passed up along the side of the tumor, we most generally can find the os uteri, and feel likewise the footstalk upon which the tumor grows; sometimes, however, the os uteri grasps the tumor around its body, and may give some trouble in our diagnosis: but of this, more hereafter.

The symptoms above enumerated, with the exception of those from taxis, *may* exist without uterine polypus being the producing cause. They may last for years, and still remain obscure. The polypus may be for years retained in the uterine cavity, and the sense of touch be of no avail; nor can we now do much towards the permanent relief of our patient. But if I am called to see a woman, who tells me that for a longer or shorter period she has suffered from hæmorrhage from the vaginal outlet; that it is irregular in quantity and time of appearance; that it is pure blood coagulating and not dependent upon her monthly courses, and unlike it, as she will very soon learn; that she has a sense of weight in the region of the womb, with fleeting pains there, and pains in her lumbar region; and that these symptoms preceded the hæmorrhagic discharge, I feel sure of uterine tumor being in existence in her case. If, upon farther inquiry, I find that there



exists a disposition to frequently evacuate the bladder, this organ seeming to fill more rapidly than formerly, and upon placing the hand upon the lower part of the hypogastric region, I feel the womb above the symphysis pubis ; if upon examination per vaginam with the speculum, I find no ulceration of great size and depth ; if upon *ballotement* the womb feels heavier and larger than it would in a perfectly normal condition ; if upon introducing a catheter into the bladder and a finger into the rectum, I find a large body between the point of the instrument and the point of the finger, I feel doubly sure of it—I *know* that a uterine polypus is here. I have diagnosticated thus several times, and I feel confident of diagnostivating correctly in all such cases.

If, however, upon introducing the finger into the vagina, I find it filled with a body, and passing my finger up and around this body, I find the neck of the womb, with its os grasping either the footstalk or body of the tumor ; if upon repeating the examination with the catheter and finger before alluded to, I feel the womb *in situ* ; if my patient tells me that when she sits down and suddenly rises to her feet, her urine gushes from her, and she cannot control it, I have now no doubt, if any before existed in my mind, as to this being a case of uterine polypus. Now, though the symptoms are rather indefinite in the early stages, yet, I think, if the course above laid down be pursued, we may arrive at a very correct diagnosis.

There are some other diseases with which we may place this one, as liable to give us trouble in our diagnosis in its early stages. The sense of weight and pain in the lumbar and hypogastric region, and weight on *ballotement*, may arise, to our mind, as existing in uterine engorgement, or hypertrophy of the entire organ. But when these symptoms are taken in conjunction with the hæmorrhagic condition above alluded to, and the bulk as revealed to the finger introduced into the rectum, we may come to a very correct conclusion.

The next malady that may complicate our diagnosis, is prolapsus uteri. It is only when the tumor has left the uterine cavity, and occupies the vaginal canal, that this fact is obtained. Here the sense of touch, the feeling of the cervix above the body of the tumor, with its os grasping some portion of it. The speculum reveals the condition of the os uteri ; though I knew a case in which a depression in a polypus occupying the vaginal canal so closely resembled the os uteri as to deceive several medical gentlemen of skill and ability.

The sense of touch and the eye were both in fault in this case. There is no disease that is so often mistaken for uterine polypus as prolapsus uteri ; and I wish to direct the attention more directly to this fact than a mere general mention of it would do. Having had sent to my care no less than five patients that had been treated for months, and in some cases years, for prolapsus uteri, and from whom I took tumors weighing from three to fourteen ounces, I know that a correct knowledge of the disease in question, is, in many cases, wanting.

If a medical man is called in to see a case of prolapsus uteri, as he has been told, let him inquire into the monthly sickness of the woman, and if she tells him that her menses are irregular in quantity and time, let him ask if they ever come away with a sudden gush, and coagulate sometimes, and if he is answered in the affirmative, let him be very cautious about his diagnosis. He had better search long and carefully for the cervix and os uteri, and find if they are not above the body supposed to be the prolapsed womb ; let him make the rectal examination with the finger, the catheter being in the bladder, and find if the womb is not *in situ* ; let him, I say, be doubly careful, for he will be placed in an awkward position if he treats his case for some time for prolapsus, and then another physician is called in and diagnosticates the case to be a polypus, and removing it, cures the woman. Let him remember that prolapsus uteri seldom if ever is accompanied by hæmorrhage, and though the womb may be the point from which the blood flows, the tumor being of a fibrous character, yet this hæmorrhagic nismus is the direct result of the uterine cavity being occupied by, I may say, a foreign body, or at least an irritating one, and though the fibrous tumor rarely of itself bleeds, yet great caution is required in diagnosticating, and if any of the above described symptoms are obtained, still greater caution is required not to make a mistake in your diagnosis.

In speaking of the treatment of this disease, there may be said to be but one ; that is, extirpation. It is not always our good fortune to find the tumor without the uterine cavity. Growing by a footstalk in some cases, it may readily pass from the uterine cavity to the vaginal strait. In other cases growing from the mucous membrane in a bulky or large space, it is slow, if it ever leaves the womb, and may waste our patient to death either by general depletion, or, as is the case oftener, by bringing on cachectic diseases. The treatment called for then in those cases where the polypus is still within the womb,

has, with me, been as follows. I will give a short history of a case of this kind that I was called upon to treat. The patient, a woman aged thirty-six, the mother of four children, the youngest of which was now four years old, was pale and emaciated in body ; supposed to be laboring under prolapsus uteri, with pulmonary tuberculosis. From her I learned that some three years previous, she felt some pain in the region of the womb, with some sense of weight or bearing down. Some four weeks after the first evidences of these symptoms, she had a gush of blood from the vagina, while sitting at her work table ; that this weight and pain with hæmorrhage had increased in quantity and force ; that the flooding was irregular in its time of appearance as well as to its quantity, sometimes being profuse, at others small, and usually every week or ten days at farthest. I examined as directed above, and felt satisfied that she was laboring under uterine polypus. I ordered a generous diet, the metallic iron, and exercise in a carriage over smooth roads for a few days. As soon as she had recovered some little from the flooding that had occurred, just previous to my seeing her, I gave her a strong decoction of the Galega Virginiana in table-spoonful doses every hour until four or five had been administered. I have found the decoction of the fresh root of the Devil's shoe-string to produce free contractile action on the part of the womb ; I have known it three times to produce miscarriage. I did not on the first day succeed with this remedy in bringing about the desired effect. I continued the general treatment, and in a few days' time tried the galega decoction again. This produced very fair labor pains which lasted for some three or four hours, at the expiration of which time, upon examination, I found the uterine os opening, and the tumor seeming to occupy the neck. In three days' time, the womb having now and then suffered from contraction of its muscular tissue, the tumor descended into the vagina, when I threw a ligature around it, and in three days more I withdrew a tumor weighing six ounces.

This general treatment is certainly called for, and it does seem to me that mildly moving the muscular structure of the womb promises some good result. I have ever used this method, and I never have had cause to regret my so doing. I prefer this article in such cases to the *secale cornutum*, being more controllable, and though acting well as a parturient in most cases, its action, unlike the *secale*, is regular, and wanting in that wild and erratic action so often observed



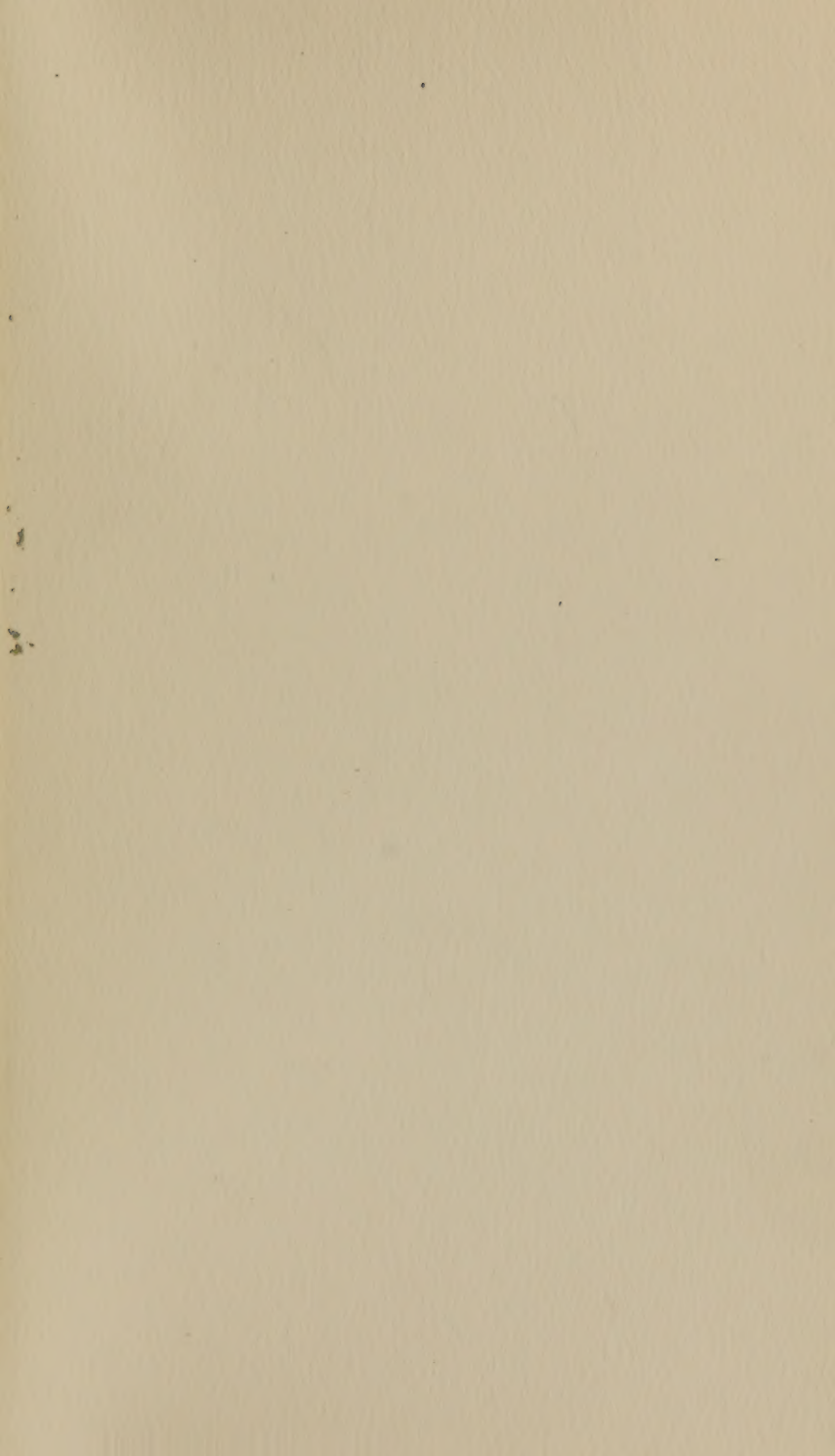
in the ergot, and is a more regular agent in its action in the non-gravid womb than the latter. It is not generally known to the profession that this agent possesses any such powers, the books calling it an anthelmintic, and giving it but a slight notice.

When we are called to see a patient, and upon examination being made by the introduction of the finger into the vaginal tract we there find the canal occupied by some body ; a careful examination made by passing the finger above it, if possible, feeling the uterine neck and os ; if we cannot reach this point, the introduction of the finger of the right hand into the rectum and the catheter into the bladder, bringing its point so as to be felt by the point of the finger through the intervening tissues, we can satisfy ourself that the body, which was felt in the vaginal strait, is not an inverted womb, but the womb being felt *in situ*, resting between the point of the finger and catheter, we are satisfied that there is a tumor ; and that it grows from the mucous membrane of the womb, or upper part of the vagina. We here proceed to throw a ligature around it. This is best done with Gooch's double canula. It is unnecessary for me to enter into anything like a description of the mode of procedure in this operation with this instrument, as it has been laid down by various authors upon the subject. But sometimes we have not accessible to us Gooch's canula, and have to depend upon other means. I was once called to see a lady supposed to be laboring under prolapsus uteri, but upon my instituting a close and well directed search, I discovered it was not the prolapsed womb that filled the vagina to almost procidentia, but a uterine tumor, and that not all of the tumor was yet delivered from the uterine mouth. I attempted to withdraw by gentle tension upon it with the forceps (a small pair made for this purpose), but it would not yield, so I was forced to desist. I felt satisfied that by ligaturing it at the point nearest the os uteri, that death of the part contained within the womb would likewise occur. Her father, an old and distinguished medical gentleman, assured of this point, agreed to the procedure ; but we had with us no canula. What were we to do without it, was the question. I procured two female catheters, and taking off the upper joints, I proceeded to arm them with a stout silk ligature, confining the ligature to the rings of one of the catheters, I passed it up through the instrument, then down through the other. Finding the one to be held by the assistant, too short, I prepared a piece of wood nicely, and intro-

ducing it in the catheter serving as a handle, I could, without much difficulty, manage the other one. Placed side by side, the left hand, or three fingers of it, being introduced into the vagina, served as a guide, along which the instruments were passed until the ends had reached sufficiently far into the vagina; the handled catheter was now held firmly *in situ* by the assistant, while I slid the other one around the tumor until it had reached exactly the opposite from which it departed, the ligature encircling the tumor nicely. I now withdrew the wooden handle, and tightening the string, found the instruments to fit and the ligature to hold well. The adroitness and tact of my medical friend (the father) was of great service in the easy accomplishment of the operation. The string was confined to the rings of the two catheters, thus holding them together. I tightened it twice a day for four days, when it cut through, and I extracted the portion that rested in the vagina, which weighed three ounces. In forty-eight hours after, the part remaining in the uterine cavity passed down into the vagina, and being extracted, was found to weigh two ounces. The disease had lasted so long, and our patient was so wasted, that she died some weeks after from inflammation of the lungs.

Here we will close our remarks upon this disease. We again say that, believing it is a disease more frequently existing than seems to be generally believed by the profession, and so often mistaken and treated as another disease, we have been led to the penning of the foregoing thoughts. We cast them upon the sea of medical literature; they are our candid and matured opinions, and as such we trust them to the profession.

The remarks upon the hobbyism and the abuse of those hobbies that are found in the first of our article, we are sorry to say have been brought about by actual observation and experience. We have found that often the man styling himself doctor, and trying to ride into practice on his hobby, like Perillus falls by this very work of his own hand; and a pity it is that it ever fails to be so.





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